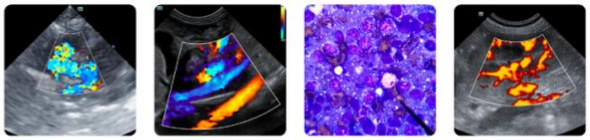

PATIENT

Luna Goss

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

7.6 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

12335

DATE

11/20/25

PRESENTING CLINICAL SIGNS

The submitted study contained 28 images for review.

Presented for episode of vomiting, inappetence, weight loss and lethargy for the past 3 days. Owner stated blood test and x-rays was done at rDVM, pet was treated supportively but no improvement.

PE: underweight, dental calculus, hard stool along the distal colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width.

The area of the right adrenal gland was not definitive visualized with no obvious pathology.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented with intact borderline prominent wall layering with intermittent mild prominent gastric rugal fold. The stomach was overall nondistended containing a mild amount of retained anechoic fluid. Gastric body wall measured 0.30 cm wall width.

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The visualized segments of small intestine exhibited intact wall layering, normal wall layer ratio and nonthickened wall. Primarily empty intestine lumen with minor segmental nonobstructive intestinal ileus. Small intestine wall measured 0.25 cm wall width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern.
- Sonographically normal visualized small intestine with minor nonobstructive segmental intestinal ileus.
- Sonographically normal area of pancreas.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from sonographic evidence of subjective mild gastric to gastrointestinal inflammatory criteria, no evidence of significant visceral pathology as an obvious contributing factor to the patient's clinical signs. At times, gastrointestinal disease or mild pancreatitis may present sonographically unremarkable or mild. No evidence of mechanical gastrointestinal obstruction or foreign material.

Given the weight loss in this patient, further assessment may include a GI panel (PLI, TLI, cobalamin and folate) and three view chest radiographs to assess for occult disease as a contributing factor. Potential constipation is difficult to sonographically assess. Correlation with abdominal radiographs may be considered. Gastrointestinal support +/- empirical therapy for constipation if clinically indicated, is recommended. Sonographic reassessment would be appropriate if continued nonresponsive gastrointestinal signs or weight loss.

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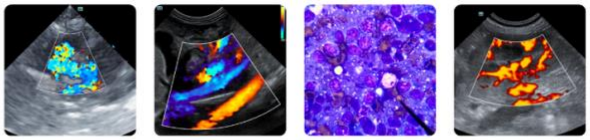

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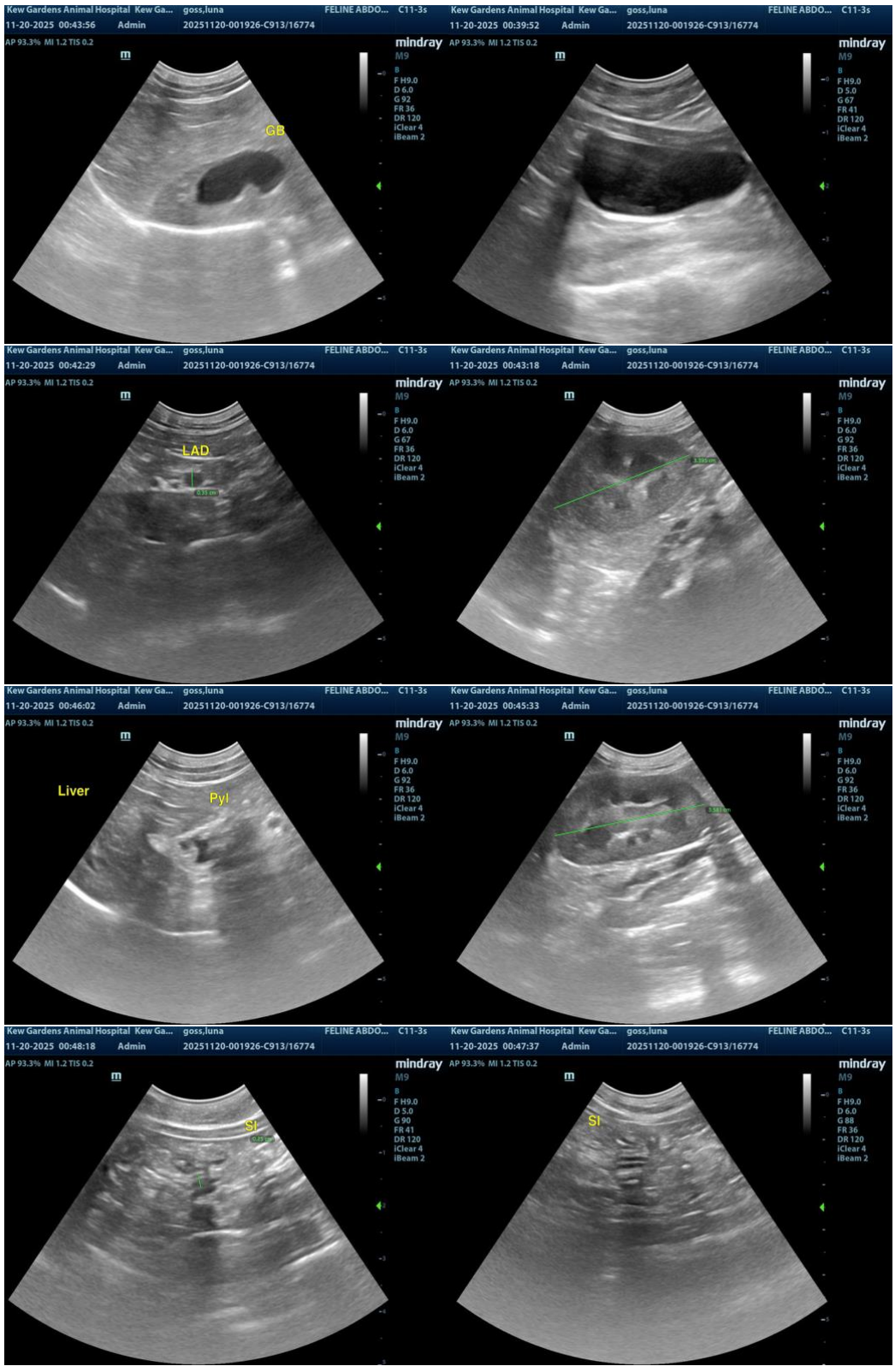

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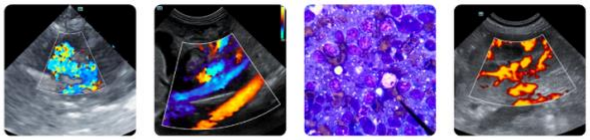

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com